## INSTRUCTIONS FOR UPDATING INFORMATION ON ADDRESS AND/OR NAME

IMPORTANT: The Clerk of Superior Court must have your most current mailing address. Pursuant to A.R.S. §25-322 a change of address must be submitted in writing within 10 days of the address change. This is particularly important if you are to receive support payments, restitution payments, and/or are representing yourself.

You can file this form with the Clerk's Office in the following ways:

• Take the original and one copy of the Update Information on Address and/or Name form to the Clerk of the Court filing counter along with any papers that prove your identity, such as a copy of your current driver's license to:

PHOENIX	MESA	SURPRISE
Clerk of the Court	Clerk of the Court	Clerk of the Court
201 W. Jefferson	222 E. Javelina	14264 W. Tierra Buena Lane
Phoenix, AZ 85003	Mesa, AZ 85210	Surprise, AZ 85374

- Mail a copy of the Update Information on Address and/or Name form to the Clerk of the Court to any of the addresses listed above. (You may want to make a copy of the form for your records).
- Fax the Update Information on Address and/or Name form to the Clerk of the Court. For Child Support and/or Spousal Maintenance fax to 602-506-1937, Attention: File Maintenance; for Restitution fax to 602-506-5127; and for all other updates fax to 602-506-7684.

Name of Party Updating Information: Your Address:	
Your City, State, Zip Code:	
Your Telephone Number:	
	RIOR COURT OF ARIZONA MARICOPA COUNTY
Name of Petitioner/Plaintiff	CASE NUMBER:
	ATLAS NUMBER:
Name of Respondent/Defendant	UPDATE INFORMATION ON
	☐ ADDRESS and/or ☐ NAME
PLEASE FILL OUT ALL NAME AND ADDRESS INFO	RMATION AT THE TOP OF THE FORM AND FILL IN BOTH PARTY
form cannot be used if I want to le 2. Address and name changes that are	e not sealed or confidential will be entered on both the support d system, and will be made public record which means it is
INFORMATION I WANT TO CHANGE: (PLE	
My name was:	
My old address was:(Street Addr	ress, City, State, Zip Code)
,	
My new address is:	
(Street Addr My new mailing address is: ( <b>if different than</b>	ress, City, State, Zip Code)
My new telephone number is: (optional) (	(Street Address, City, State, Zip Code)
My date of birth is: (optional)	
If there is an order for payments through the Child Support and/or Spousal	Clerk of the Superior Court for: Maintenance <b>fax</b> this form to 602-506-1937;
If there is an order for payments through the  Restitution <b>fax</b> this form to 602	•
All other updates fax this form to 602-506	-7684.
I declare under penalty of perjury that the for	regoing is true and correct.
Executed on:	
Date	Signature of Person Requesting Change
Internal use only: c	change made to the following systems:
☐ ACS/Docket	☐ Child Support ☐ RFR